

**McLeod Medical Center of the Pee Dee
Healthcare Associated Infections Report
August 1, 2008**

Surgical Site Infection (SSI) Rate by Procedure and Risk Index 07/01/2007 – 05/31/2008

Procedure	Risk Category^{1,2,3}	No. of Infections	No. of Specific Procedures Performed⁴	Infection Rate (per 100 procedures)	95% Confidence Interval (per 100 procedures)⁵
Coronary Bypass Graft (Chest and Donor Incision)	0	*	1	*	*
	1	2	167	1.2	0.21 – 4.71
	2	0	55	0.00	0.17 – 8.13
Coronary Bypass Graft (Chest Only Incision)	1	0	19	0.00	0.48 - 20.92
	2,3	0	14	0.00	0.66 – 26.76
Abdominal Hysterectomy	0	1	89	1.12	0.06 – 6.98
	1	1	91	1.10	0.06 – 6.83
	2,3	0	32	0.00	0.29 – 13.35
Vaginal Hysterectomy	0,1,2,3	1	149	0.67	0.04 – 4.24
Cholecystectomy⁶ (Gallbladder Surgery)	Outpatient	0	163	0.00	0.06 – 13.35
	0	0	53	0.00	0.17 – 8.42
	1	0	25	0.00	0.36 – 16.58
	2	0	8	0.00	1.16 – 40.23
	3	*	1	*	*
	M	0	39	0.00	0.23 – 11.17
Hip Prosthesis (Replacement)	0	*	3	*	*
	1	0	21	0.00	0.44 – 19.24
	2,3	0	37	0.00	0.25 – 11.71
Knee Prosthesis (Replacement)	0	1	22	4.55	0.24 – 24.89
	1	0	74	0.00	0.12 – 6.15
	2,3	1	60	1.67	0.09 – 10.14

1. **Basic SSI Risk Index:** NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation of the risk index, please go to the [Definition of Terms](#).

2. If there is more than one Risk Category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.
3. If you do not see a risk category (0, 1, 2, 3), that means that no surgeries were performed for that particular risk group.
4. * = Too few procedures. Reporting on too few procedures is a risk to patient confidentiality. If five or fewer surgical procedures are performed, the report for the number of infections will be deferred until more procedures are performed.
5. See [Definition of Terms](#) for an explanation of confidence intervals.
6. Insufficient data in NHSN to assess the role of the risk index in outpatient cholecystectomies. As the volume of data increases for outpatient cholecystectomies rates will be adjusted to reflect the new data.

Central Line Associated Blood Stream Infection (CLABSI) Rate 07/01/2007 – 05/31/2008

Location ¹	No. of Infections	No. of Central Line Days ²	Infection Rate (per 1000 central line days)	95% Confidence Interval (per 1000 central line days) ³
Medical Intensive Care Unit	2	1979	1.0	0.02 – 0.41
Pediatric Intensive Care Unit	1	174	5.7	0.03 – 3.65
Trauma Surgical Intensive Care Unit	5	1844	2.7	0.10 – 0.6.7

1. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.
2. Central line days are the total number of days of exposure to the central line by all of the patients in the selected population during the selected time period. An example of calculating central line days can be found in the [Definition of Terms](#).
3. See [Definition of Terms](#) for an explanation of confidence intervals.

Hospital Profile

Average Daily Census: 314

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Standards Institute (CLSI) antimicrobial susceptibility standards? Yes

Infection Control Process

Number of Infection Control Practitioners: 2

Total hours per week performing surveillance: 22

Total hours per week for infection control activities other than surveillance: 12